

SERFF Tracking Number:	AULD-126430168	State:	Arkansas
Filing Company:	American United Life Insurance Company	State Tracking Number:	44412
Company Tracking Number:	7-17258		
TOI:	L07I Individual Life - Whole	Sub-TOI:	L07I.111 Single Premium - Single Life
Product Name:	Notice of Replacement Form		
Project Name/Number:	Notice of Replacement Form/7-17258		

## Filing at a Glance

Company: American United Life Insurance Company

Product Name: Notice of Replacement Form      SERFF Tr Num: AULD-126430168      State: Arkansas  
TOI: L07I Individual Life - Whole      SERFF Status: Closed-Approved-      State Tr Num: 44412  
Closed

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: 7-17258	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird
Author: Kathy Roush	Disposition Date: 01/04/2010
Date Submitted: 12/23/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval	Implementation Date:

Implementation Date Requested: On Approval  
State Filing Description:

## General Information

Project Name: Notice of Replacement Form  
Project Number: 7-17258  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 01/04/2010

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 01/04/2010  
Created By: Kathy Roush  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Kathy Roush  
Filing Description:  
Re: Notice of Replacement Form # 7-17258 - Flesch Score 59.1  
American United Life Insurance Company  
NAIC # 60895, FEIN# 35-0145825

Enclosed for your review and approval is the Important Notice Regarding Replacement of Life Insurance Or Annuities, form # 7-17258.

This Notice of Replacement is a new form for American United Life Insurance Company. The same form is being filed under SERFF Filing # AULD-126430169 for Pioneer Mutual Life Insurance Company and SERFF Filing # AULD-

SERFF Tracking Number: AULD-126430168 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number: 44412  
Company Tracking Number: 7-17258  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Notice of Replacement Form  
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126430170 for The State Life Insurance Company. The wording is taken substantially from the 1998 Model Replacement Regulation and your state replacement requirements.

This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. We reserve the right to make any typographical corrections, or make revisions to the appearance of this application due to printing constraints.

If you have any questions regarding this filing, please feel free to contact me

Sincerely,

Kathy Roush  
Contract Analyst  
Corporate Compliance and Market Conduct  
OneAmerica Companies  
Phone: 317-285-7027  
Fax: 317-285-5510  
Email: kathy.roush@oneamerica.com

## Company and Contact

### Filing Contact Information

Kathy Roush,  
One American Square  
Indianapolis, IN 46206  
317-285-7027 [Phone]  
317-285-5510 [FAX]

### Filing Company Information

American United Life Insurance Company	CoCode: 60895	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 7127	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 35-0145825	
(877) 285-7660 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$35.00
Retaliatory?	Yes

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Fee Explanation: Indiana Fee = \$35.00 X 1 = \$35.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$35.00	12/23/2009	33059777

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2010	01/04/2010

<i>SERFF Tracking Number:</i>	<i>AULD-126430168</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44412</i>
<i>Company Tracking Number:</i>	<i>7-17258</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Notice of Replacement Form</i>		
<i>Project Name/Number:</i>	<i>Notice of Replacement Form/7-17258</i>		

## Disposition

Disposition Date: 01/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>7-17258</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Notice of Replacement Form</i>		
<i>Project Name/Number:</i>	<i>Notice of Replacement Form/7-17258</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Important Notice Regarding Replacement of Life Insurance or Annuities		Yes

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## Form Schedule

Lead Form Number: 7-17258

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7-17258	Application/ Enrollment Form	Important Notice Regarding Replacement of Life Insurance or Annuities	Initial		59.100	7-17258_6-7-07 Replacement Notice.pdf

**Important Notice  
Regarding  
Replacement Of  
Life Insurance  
Or Annuities**

*American United Life  
Insurance Company®  
a ONEAMERICA® company  
One American Square  
P.O. Box 368  
Indianapolis, IN 46206-0368  
1-800-537-6442*

*Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United  
Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102  
1-800-437-4692*

*The State Life  
Insurance Company  
a ONEAMERICA® company  
P.O. Box 406  
Indianapolis, IN 46206  
1-800-428-2316*



Check all that apply: ☐ **American United Life Insurance Company® (AUL)** ☐ **Pioneer Mutual Life Insurance Company (PML)**  
☐ **The State Life Insurance Company (State Life)**

Hereinafter referred to as "the Company."

**REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?**

*This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.*

**Existing Insurance/Annuities:**

Do you have existing life insurance or annuity(ies) with this or any other company? ☐ Yes ☐ No

You are contemplating the purchase of a life insurance or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest.

You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

<i>Insurer Name</i>	<i>Contract or Policy #</i>	<i>Insured or Annuitant</i>	<i>Replaced (R) or Financing (F)</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_.

**ATTENTION CONSUMER, THIS NOTICE IS REQUIRED BY THE INSURANCE COMMISSIONER.  
PLEASE READ IT CAREFULLY BEFORE SIGNING.**

You have the right, within 30 days after delivery of a replacement policy or contract to return it to the company or its representative. In such case, this policy or contract will be void from the beginning. The Company will refund the premium or considerations paid on it including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such policy or contract.

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
*Applicant's Signature and Printed Name*

\_\_\_\_\_  
*Date*

The replacement is in accordance with the Company's guidelines as to the appropriateness of replacement.

I certify that the original or copies of all sales material used in connection with this application have been delivered to the applicant in accordance with the replacement regulations and that only the Company-approved sales material were used. I also certify that the responses herein are, to the best of my knowledge, accurate.

Print name of Producer(s) \_\_\_\_\_

Producer(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)



A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

1. Are they affordable?
2. Could they change?
3. You're older – are premiums higher for the proposed new policy?
4. How long will you have to pay premiums on the new policy?
5. On the old policy?

**POLICY VALUES:**

1. New policies usually take longer to build cash values and to pay dividends.
2. Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
3. What surrender charges do the policies have?
4. What expense and sales charges will you pay on the new policy?
5. Does the new policy provide more insurance coverage?

**INSURABILITY:**

1. If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
2. You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

1. How are premiums for both policies being paid?
2. How will the premiums on your existing policy be affected?
3. Will a loan be deducted from death benefits?
4. What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

1. Will you pay surrender charges on your old contract?
2. What are the interest rate guarantees for the new contract?
3. Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

1. What are the tax consequences of buying the new policy?
2. Is this a tax-free exchange? (See your tax advisor.)
3. Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
4. Will the existing insurer be willing to modify the old policy?
5. How does the quality and financial stability of the new company compare with your existing company?

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
READCERT 7-17258 AUL Replacement Notice.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

## CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Chief Compliance Officer of American United Life Insurance Company hereby certify that the following form has the following readability scores as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements.

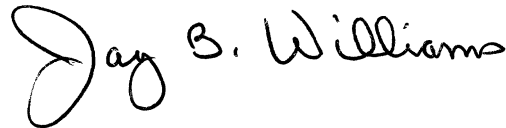
### FORM

### READABILITY SCORE

7-17258

Notice of Replacement Form

59.1

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized "J" and "W".

December 23, 2009  
Date

\_\_\_\_\_  
Jay B. Williams  
Vice President & Chief Compliance Officer